

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R.H.		5/3
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	B.H.S.	535 866	06-14-01
RESPONSE FORMALITY REVIEW			10-31-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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115/6/1  
115/6/1If more than 150 claims or 10 actions  
staple additional sheet here

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